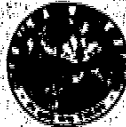


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:46

DOCUMENT # P16188 (5)

1. Corporation Name

HEILIG-MEYERS FURNITURE COMPANY

Principal Place of Business

**2235 STAPLES MILL ROAD
RICHMOND VA 23230**

Mailing Address

**2235 STAPLES MILL ROAD
RICHMOND VA 23230**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1987

3a. Date of Last Report

01/28/1994

4. FEI Number

54-0984222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

PEERY, TROY A., J R.

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

TITLE

ST

NAME

GOODMAN, ROY B.

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

TITLE

CD

NAME

DERUSHA, WILLIAM C.

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

TITLE

D

NAME

JENKINS, JOSEPH R

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

TITLE

V

NAME

DIETER, WILLIAM J.

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

TITLE

V

NAME

RIDDLE, JAMES R.

STREET ADDRESS

2235 STAPLES MILL ROAD

CITY - ST - ZIP

RICHMOND VA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, attached, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy B. Goodman

2-22-95

804-399-9171

Title

Corporate Phone #